

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165414		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2021	
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF POMEROY, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST 7TH STREET POMEROY, IA 50575			
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F 000	INITIAL COMMENTS An investigation of self report #95620-I conducted 2/10-17/21 resulted in the following deficiency. Self Report #95620-I was substantiated. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.)			F 000			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews the facility failed to ensure that each resident received adequate supervision to prevent elopement for 1 of 6 residents (Resident #1). Resident #1, a resident with cognitive impairment, exited the facility without staff knowledge. Staff did not know the resident was gone until they received a phone call alerting them the resident was at a local bar and grill establishment. The facility reported a census of twenty-three (23) residents. Findings include: 1. Resident #1's Minimum Data Set (MDS) assessment dated 1/06/21 documented diagnoses that included: hypertension, Diabetes			F 689	Past noncompliance: no plan of correction required.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>Mellitus, and anxiety. The MDS assessed the resident with a BIMS (brief interview for mental status) score of 3 (severe cognitive impairment). The MDS documented no wandering and the resident required supervision with locomotion off the unit.</p> <p>A Preadmission Screening and Resident Review (PASRR) dated 6/18/18, documented Resident #1 with moderate intellectual disability, and cognitive decline secondary to moderate intellectual disability and age-related physical decline and currently requires 24-hour supervision for safety and well being.</p> <p>A Mini-Mental Exam completed on 1/4/21, documented a score of 9. A score of 9 or less revealed severe cognitive impairment.</p> <p>A Risk Assessment: Elopement form dated 1/4/21 at 9:24 a.m., documented: a score of 4 for which indicated high level of risk for elopement and precautions initiated and care planned:</p> <ul style="list-style-type: none"> *resident independent in mobility with/without assistive device-yes *previous history of wandering-yes *mental illness-yes *Episodes of disorientation/confusion-yes *is resident considered to be at risk for elopement-yes *is careplan current in relationship to the residents elopement risk-yes <p>A care plan dated as initiated 3/01/19 identified a focus area titled resident potential for injury to risk of falls, elopement risk/wanderer related to placement in facility, impaired safety awareness with resident will remain safe over the next review date, interventions include to:</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>**STOP** signs on exit doors (initiated 2/6/21)</p> <p>*1-1 supervision at all times (initiated 2/5/21) (resolved 2/11/21)</p> <p>*15 minute checks for close observation (initiated 2/11/21)</p> <p>*Assess for change in condition/function</p> <p>*Resident evaluated and treated by therapy and cleared as independent in facility with walker (10/24/18)</p> <p>The facility notified the physician of the incident via facsimile (fax) dated 2/5/21 at 10:00 p.m., The fax revealed the resident left the building, unattended tonight. Staff returned the resident without incident. Assessment and vital signs as follows:</p> <p>Head to toe assessment: Resident agitated and yelling. When asked what happened resident just started yelling about how this is all messed up and not where resident needed to be. Head to toe assessment done: purple intact bruise to right hand, 5 centimeters(cm.) by 3 centimeters. No drainage, denied pain. No other skin injury noted. Hands and toes slightly cold. No skin injury noted due to cold. Capillary refill brisk. Lungs clear to auscultation, respirations even and unlabored. Resident wore a t-shirt and bib overalls like normal. Socks, shoes and clothing all dry. Vital signs:</p> <p>Temperature- 96.1 degrees Fahrenheit Pulse-80 Respirations-16 Blood Pressure-116/70 Oxygen Saturation-93% room air</p> <p>Staff placed the resident on one to one supervision until further notice. Staff also placed the resident in isolation due to the resident in public place without proper COVID-19 precautions in place.</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>A progress note date 2/5/2021 at 6:10 p.m., documented: HEAD TO TOE ASSESSMENT: Resident agitated and yelling. When asked what happened resident the resident started yelling about how this is all messed up and not where he needed to be. Head to toe skin assessment done: purple intact bruise to right hand, 5 cm X 3 cm. No drainage, denied pain. No other skin injury noted. Hands and toes slightly cold. No skin injury noted due to the cold. Capillary refill brisk. Lungs clear to auscultation, respirations even and unlabored. Resident wore a t-shirt and bib overalls like normal. Socks, shoes, and clothing appear dry. Vital signs: Temperature 96.1 degrees Fahrenheit Pulse-80 Respirations-16 Blood Pressure-116/70 Oxygen saturation-93% Room Air</p> <p>A progress note dated 2/5/2021 at 6:16 p.m., documented a Non-pressure ulcer located on right hand: Type of skin issue: bruise - purple Size: 5 centimeters by 3 centimeters Description of skin integrity (edges/surrounding tissue): intact</p> <p>A Progress note dated 2/5/2021 at 7:16 p.m., documented call placed to family. The facility informed them the resident eloped from the facility. Staff last saw the resident leave the dining room at 5:45 p.m. and received a call from the bar & grill at 6:00 p.m. The family states "Oh for pity sake" and laughed and reported no surprise as the resident frequently walked the town in the past. The bar used to be a cafe that resident frequently went to.</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>A summary written by the facility: 2/5/21 Staff notified management at 6:11 p.m., on 02/05/21 of receiving a call from a bar and grill establishment on Highway 4 reporting they believed they had a care center resident in the bar/restaurant. Staff reported that a Certified Nursing Assistant (CNA) left for the bar and grill to pick up the resident.</p> <p>Immediately staff observed the alarm panel. All of the door alarms were in the "on" position. Staff checked all doors for function and all alarms functioned. Staff completed a head count and accounted for all other residents.</p> <p>Staff questioned every staff member who was in the building. Every staff member denied hearing the alarm activate and reported they did not turn off an activated door alarm. Observation of the resident's window showed it as locked and closed.</p> <p>The charge nurse reported they looked outside for tracks in the snow. The nurse followed tracks outside the front door and east down the sidewalk in front of the building and then did not see any further tracks. Staff determined the resident exited thru the front door. Staff placed an alarm on the inner door to alert staff if a resident would exit the front interior door to the front entry way.</p> <p>The resident appeared agitated upon return to the facility on 02/05/21. Staff immediately placed the resident on 1-1 supervision and placed the resident in isolation due to having gone out of the building and in a public place without proper precautions related to COVID-19. Staff did not</p>			F 689			

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F 689	<p>Continued From page 5</p> <p>interview the resident at that time due to the resident's agitation. Nurse completed a head to toe assessment. Resident appeared clean and dry upon return to the facility.</p> <p>The Charge nurse followed the residents walker tracks as follows: from the front door down the front side walk, headed east, no further tracks observed in the intersection. The charge nurse took a right on South Geneva street and headed south. Walker tracks observed again. Walker tracks stopped at the alley that heads south towards the bar and grill.</p> <p>Staff changed code to the front door and the assisted living door code.</p> <p>The facility spoke with the manager at the bar and grill. The manager reported the resident came to the building, went to the back room and sat down. They attempted to wait on the resident, who became angry and banged on the table. The grill worker asked manager to assist with the customer (resident). The manager identified the resident at the bar and grill for approximately 10 minutes before the manager came over to assist the co-worker. When the manager walked over to the resident, the manager noticed the resident had a walker with a sign on it. The manager instructed the co-worker to call the care center because people usually don't have walkers with signs on them unless they live at a nursing facility. The manager reported when resident came into the bar and grill, he did not appear cold and observed the resident's feet appeared dry. The resident seemed confused. The manager wondered how the resident got to the bar and grill as the roads to the bar and grill contained snow. The charge nurse requested the manager review</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>the security camera footage at the bar and grill to see if they could see where the resident came from. The manager returned the call and reported after review of security cameral footage, the resident came from the side of the building by the alley.</p> <p>The facility determined staff last saw the resident around 5:45 p.m., when he left the facility dining room after eating supper. Staff then observed the resident sitting in a chair at the nurses station. The call received from the bar and grill at approximately 6:10 p.m., after the sat inside the bar for approximately 10 minutes. Walking to the Coop Bar and Grill took a facility staff 3 minutes 48 seconds. The resident ambulates at a fast pace with his walker at times.</p> <p>The facility interviewed the resident on 2/6/21. His BIMS score a "9". Staff asked the resident what season it was and the resident replied "Its summer with a snowstorm" and laughed. The facility asked the resident what he did last night. The resident stated he went out for a drink. When asked where he went, the resident stated he didn't know and stated it was "a crazy world out there." Staff did not ask any further questions and completed a BIMS and mini mental assessments.</p> <p>An Elopement Investigative Report dated 2/5/21 documented:</p> <ol style="list-style-type: none"> 1. Is the resident cognitively impaired with poor decision making skills-yes 2. What is the residents BIMS score on the last MDS-3 3. Is the resident physically impaired-yes 4. What is the residents diagnosis-intellectual disability, diabetes, anxiety, elevated PSA, 	F 689			

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F 689	Continued From page 7 hyperlipidemia, hypertension, neuropathy, and hypokalemia. 5. What is the residents ambulatory status/Does the resident use devices for mobility- Independent with ambulation, uses walker 6. Does the resident have an elopement assessment completed at least quarterly-yes, if yes, what is the score-4, what was the date completed 1/4/21 7. Does the resident have a history of leaving the building without informing the staff-yes 8. Does the resident wear safety wanderguard device-no wanderguard system 10. What was the residents status prior to the elopement-including description of mental, physical, and emotional status- just ate supper, left dining room, sat in chair at nurses station. no behaviors reported. 11. Does the resident have a care plan that addresses wandering and risk for elopement-yes 12. Were the door alarms working properly-yes 13. Check the door alarms now and document if working properly and the time- working at 6:15 p.m. 14. Check door alarm audit tool to ensure documentation has been completed per policy. If not provide those staff with counseling. 15. How did the resident exit the facility-out the front door 16. What time of day did the elopement occur-between 5:45 p.m.-6:10 p.m. 17. When was the resident last seen and by whom?- time-5:45 p.m. CNA observed resident leave dining room and then sit in a chair at nurses station. 18. What was the resident doing when last seen-sitting in chair at nurses station 19. Where was the resident at when last seen-nurse station	F 689			

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F 689	<p>Continued From page 8</p> <p>20. What time did you realize the resident was missing-6:10 p.m.</p> <p>21. What time did the facility take action-6:10 p.m.</p> <p>22. When was the resident found-6:10 p.m.</p> <p>23. Who found the resident-staff member at bar and grill</p> <p>24. Where was the resident found- bar and grill.</p> <p>25. Was the resident injured during the elopement-yes, bruise to right hand</p> <p>26. What was the weather like outside-cold</p> <p>27. What was the temperature outside at the time of the elopement- 10 degrees, if cold what was the wind chill factor- minus 2 degrees "feels like"</p> <p>28. What was the resident wearing for clothing-overalls, t-shirt, socks, shoes</p> <p>A Risk Assessment: Elopement form dated 2/6/21 at 2:42 p.m., documented: a score of 3 for which indicated high level of risk and precautions initiated, proceed to care plan;</p> <p>*resident independent in mobility with/without assistive device-yes</p> <p>*previous history of wandering-yes</p> <p>*Episodes of disorientation/confusion-yes</p> <p>*is resident considered to be at risk for elopement-yes</p> <p>*is careplan current in relationship to the residents elopement risk-yes</p> <p>Review of the Resident Risk/Elopement (Missing Resident) Process with no date, documented: to provide a safe environment for all residents, properly assess resident and plan their care plan to prevent accidents related to wandering behavior or elopement.</p> <p>Elopement- Slipping away secretly, running away, or leaving without accompaniment or knowledge of the staff.</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>Implementation:</p> <p>Residents identified at risk for elopement:</p> <p>*residents whose assessment identifies them at risk for elopement, the following steps will be taken:</p> <p>*An alarm bracelet may be placed on the resident to audibly alert staff of attempts by the resident to exit the facility.</p> <p>*The residents careplan shall address behaviors using resident specific goals and/or approaches as assessed by the interdisciplinary team</p> <p>*A current picture of the resident will be maintained in the facility</p> <p>*Facility staff will ensure that all exit alarms are responded to immediately</p> <p>*Staff will encourage activities which the resident enjoys in order to occupy/distract the resident.</p> <p>Review of the Door Alarm Checks for the month of February 2021, instructions: Document PASS or FAIL by each door and your initials at the bottom of the column. FAIL, you must notify Maintenance/Administrator IMMEDIATELY.</p> <p>Review of the form revealed:</p> <p>*February 5th, with no pass or fail in the boxes for the door alarms and no initials at the bottom of the column. (indicating no check done)</p> <p>On 2/15/21 at 1:41 p.m., Staff A (housekeeper/laundry) confirmed and verified that it is the expectation of the housekeeping/laundry staff to complete door alarm checks as required every day. Staff A recalled on 2/5/21 the door alarms were checked but could not recall if the alarms sounded or not. Staff A thought they sounded but since the form didn't get completed as expected, Staff A could not verify if the door</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>alarms did sound. Staff A continued to state that the expectation is to fill out the door alarm checks form as required and to write pass or fail next to each door and then initial at the bottom of the date that the door alarms were completed.</p> <p>During an interview on 2/16/21 at 9:45 a.m., Staff B (registered nurse) stated it is the expectation that housekeeping/laundry staff check door alarms every day and document on the form that the door alarms either passed or failed. Staff B stated that on 2/5/21, Staff A was assigned door alarm checks and Staff B was behind the nurses station. Staff B could not recall if the door alarms sounded or not when Staff A checked the alarms on that day. Staff B went on to say that around 6:05 p.m., prior to giving report to the next nurse coming on duty, the telephone rang and it was the manager from the bar and grill reporting a male resident with a walker at the bar and grill becoming upset and if the facility had a resident missing and unaccounted for. Staff B stated that the Elopement (Missing Resident) policy went immediately into affect. Staff B explained that another staff member went to the bar and grill and brought the resident back. Staff B then completed a head to toe assessment on the resident and placed the resident in the isolation part of the facility per direction of the director of nursing (DON). Staff B identified Resident #1 seen at 5:10 p.m., going into the dining room for the supper meal. Staff B went on to say they attempted to walk the same path Resident #1 would of taken. Staff B went out the front door of the facility, found walker tracks in the snow, proceeded to follow the walker tracks to the intersection of 7th street and Geneva Ave, then lost the tracks, Staff B kept walking south on Geneva Ave and picked up the walker tracks</p>	F 689			

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F 689	<p>Continued From page 11</p> <p>again but lost them so Staff B came back to the facility.</p> <p>On 2/10/21 at 4:10 p.m., Staff C (certified nursing assistant) stated that on 2/5/21 Staff C observed the dining room for the supper meal. Staff C stated she didn't recall hearing the front door alarm sounding. Staff C stated she last saw Resident #1 leave the dining room with the walker around 5:45 p.m.</p> <p>On 2/10/21 at 3:45 p.m., Staff D (certified nursing assistant) stated he last saw the resident at 5:10 p.m. sitting in the dining room with supper meal in front of him. Staff D stated he went to the bar and grill to return Resident #1 to the facility and Resident #1 appeared very agitated and did not want to leave the bar and grill.</p> <p>On 2/15/21 at 3:15 p.m., Staff E (certified medication aide/Certified nursing assistant) stated she last saw Resident #1 in the dining room with a supper meal at 5:10 p.m.-5:15 p.m.</p> <p>On 2/16/21 at 10:30 a.m., Staff F (certified nursing assistant) revealed last seeing the resident around 5 p.m. when he ambulated to the dining room. Staff F assisted another resident with a room tray and upon leaving that resident's room about 6:10 p.m., received notice that Resident #1 left the facility unattended. Staff F proceeded to check all door alarms, check the residents window, did head count on resident at the facility. Staff F could not recall if the door alarm sounded or not due to being in another residents room.</p> <p>On 2/10/21 at 4:00 p.m., Staff G (certified nursing assistant) stated that Resident #1 was last seen</p>	F 689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF POMEROY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST 7TH STREET POMEROY, IA 50575		
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F 689	<p>Continued From page 12</p> <p>by them about 5:30 p.m. Staff G stated that they were in a resident room assisting the resident due to the call light being on. Staff G stated that they don't recall hearing a door alarm sounding on 2/5/21. Staff G came out of the residents room about 6:15 p.m., and was told that the Coop Bar and Grill had just called and that a male resident was there and to start the Missing person policy. Staff G stated that they assisted Staff F in doing head count on all the residents, checking door alarms, checking the resident window to verify that it was closed and doing room checks.</p> <p>On 2/15/21 at 1:05 p.m., the DON confirmed and identified housekeeping/laundry department as responsible to check all the door alarms and to document on the door check alarm form if the door alarms passed or failed and to initial the box of door alarm checks completed. The DON confirmed and verified that on 2/5/21, the door alarm checks failed to have a pass or fail and staff initials in the box and to their understanding if the form is not completed then the alarm checks were not done. The DON confirmed and verified that the boxes on the door alarm checks for the month of February were left blank and that the expectation is for the form to be completed and if the door alarms do not pass to notify the DON, Administrator or the maintenance director right away to get them fixed.</p> <p>During an environmental tour on 2/10/21 at 1:20 a.m., the facility assistant director of nursing went around to all the door alarms and they all sounded and staff responded quickly to the alarms.</p> <p>The distance from the facility front door to the bar and grill was approximately 0.2 miles (per Google</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>maps), for which the resident ambulated in snow covered streets and crossed an intersection covered with snow. The bar and grill was located on Highway 4 where heavy traffic travels and moderate speed. The facility documented per a stop watch that it took 3:48:67 to walk to the bar and grill.</p> <p>The state climatologist identified the weather on 2/5/21 at 6 pm. in Pomeroy as 10 degrees Fahrenheit, with the wind chill making the temperature -4 degrees.</p> <p>Observation on 2/17/20 at 8:15 a.m., revealed the speed limit sign on Highway 4 going south stated 45 miles per hour.</p> <p>The facility removed the immediate jeopardy on 2/5/21 prior to the surveyor's entrance, by educating all staff working and prior to working on Elopement Risk/Elopement (Missing Resident) Process. The facility implemented 1 to 1 supervision of the resident. The facility directed nurses to complete door alarm checks twice a day and revised the template. The facility placed a stop sign and an additional alarm on the interior door of the front lobby on 2/5/21 and changed door codes of the front door and assisted living door. The removal of the immediate jeopardy resulted in the removal of the deficient practice and the surveyor observed interventions in place. The State Agency notified the facility of the immediate jeopardy on 2/17/21.</p>	F 689			